

EXHIBIT E



TIFFANY ALLEY
GLOBAL REPORTING
AND VIDEO

Deposition of:

Ralph Zipper, M.D.

May 16, 2015

In The Matter Of:

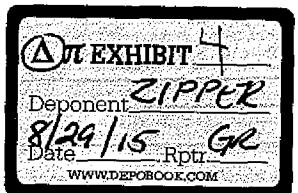
In Re: CR Bard (300)

Tiffany Alley Global Reporting & Video

730 Peachtree Street NE

Suite 470

Atlanta, GA 30308



770.343.9696 | schedule@tiffanyalley.com | 800.808.4958

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Ralph Zipper, M.D.

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<p>1 A. This looks like the one. Is this the one I 2 gave you? Let me make sure: It looks like it to me. 3 Yeah, I mean, it's lengthy so -- but yes, it looks like 4 the correct reliance list.</p> <p>5 Q. Do you recall what you added to it to make it 6 updated from the one that you had attached to your 7 report?</p> <p>8 A. No, I'd have to compare the two. I mean, it 9 was a work in progress. I've relied on a tremendous 10 number of documents, an exhausting number of documents 11 aside from my own clinic experience, my years of 12 treating patients, implanting, explanting, et cetera, so 13 no. But I can get -- if you'd like a cross-referenced 14 list, I can do that for you.</p> <p>15 Q. In some instances people bold what's new. 16 A. I did not.</p> <p>17 Q. Can you?</p> <p>18 A. Yes, I can. I can have that for you on Monday, 19 but yes, I can certainly try to do that for you.</p> <p>20 Q. You indicated that you relied on a lot of 21 documents in order to prepare your Exhibit 26 disclosure 22 which is marked as Exhibit 1. Where did you get the 23 documents that are contained on your reliance list?</p> <p>24 A. The internal documents were provided by 25 counsel. Some of the studies were provided by counsel</p>	<p>Page 114</p> <p>1 bulletproof. I mean, could I have missed one, sure. 2 Could I miss two, sure. But with rare exception, if I 3 relied on it, it should be in here.</p> <p>4 Q. Did you take any handwritten notes when you 5 were making your exhibit -- expert report?</p> <p>6 MR. THORNBURGH: Objection, not discoverable. 7 Drafts aren't discoverable.</p> <p>8 MS. GLEIM: I didn't ask him to produce. I 9 asked if he made any handwritten notes.</p> <p>10 A. I'm sure I did. Probably not many. I'm not a 11 big guy for handwriting. He makes fun of me.</p> <p>12 Q. How was it that you put together your expert 13 report?</p> <p>14 A. With great meticulousness, exhaustion. I tend 15 to start at -- I pick an article and I start -- I start 16 working my way down it. I cross-reference as much as 17 possible. I create a timeline. When it's -- for 18 example, if it was an expert specific -- I mean a case 19 specific, I -- I mean, the system is go through every 20 single document. From that document, formulate an 21 opinion. If more information is needed to form that 22 opinion or if there are references, go pull those 23 references and continue until I feel that I've had 24 enough information in relation to any specific documents 25 to determine whether -- to determine how that document</p>
<p>1 upon my request. Some of the documents were provided 2 from -- on my own research, going through -- usually 3 what will happen, sometimes someone will give me an 4 article to look at and say you might want to consider 5 this, and I open the article and there's ten more 6 articles I need because I'm not going to just trust that 7 article. I'm pulling every reference in that article. 8 It's the gift that keeps on giving. So there are 9 numerous places that my reliance list comes from.</p> <p>10 Q. The research that you're just discussing with 11 me now that someone sends you an e-mail and there's an 12 article and then that might lead you to two or three 13 other articles, will all that research be provided with 14 the documents you're going to send to me?</p> <p>15 A. Would you like a copy of every article in the 16 reliance list? Because, I don't know, it's going to 17 take me a while.</p> <p>18 Q. Let me clarify that. Every article that you 19 did rely on is in the reliance list?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. Even if you went to the two or three 22 others? You had suggested that you would read an 23 article --</p> <p>24 A. Oh, no, that's how it got to this size, so 25 right, everything that I relied on is in here. I'm not</p>	<p>Page 115</p> <p>1 is relevant to the opinion and to then assimilate that 2 portion of my discovery into my final opinion. That's 3 just a building process, like building a house, one 4 brick at a time.</p> <p>5 Q. How long -- how many hours do you think you 6 spent preparing the expert report that's Exhibit 1?</p> <p>7 A. Somewhere between a lot and a real, real, real 8 lot. Gosh, maybe -- it's almost like editing. I don't 9 know if you know anybody who does any film editing. You 10 call it a time machine. You know, you sit down to edit 11 the film and somebody reminds you that you forgot to eat 12 for the last two days. You know this because you 13 probably do it when you sit down to prepare for a case.</p> <p>14 So over a hundred hours. Could it be three 15 hundred? It could be. Could it be four -- I mean, 16 that's how this happens. I mean, you get so absorbed 17 and immersed in it. I probably have decubitus ulcers on 18 my butt from sitting in a chair going through this 19 stuff, but you'll have an exact number because I need to 20 get you those invoices. My staff was supposed to have 21 them here today when I walked in, and they were not. So 22 no one is getting fired but someone is getting whipped 23 with a wet noodle and you'll get it.</p> <p>24 Q. Okay. So you're going to be providing me the 25 invoices with regard to your preparation of your expert</p>

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1 retained as an expert. My question is, has anyone		1 Q. Would all of the expertise that you're relating	
2 approached you to be an expert and you've declined?		2 to be included on Table 1 to your CV where you've	
3 A. In the medical space?		3 attempted to get patent filings?	
4 Q. Yes.		4 A. Not necessarily.	
5 A. No.		5 Q. Would it be a majority of them?	
6 Q. Do you hold yourself out as an expert in		6 A. I think that's hard to say. I mean, I can give	
7 anything but medical space?		7 you examples of how I developed expertise in these	
8 A. Yes.		8 various areas, but when I'm working with a company,	
9 Q. What else?		9 another company or my own company and we're trying to	
10 A. I'm an expert kite surfer. Some might consider		10 develop a product and I begin looking at the materials,	
11 me an expert film producer. I don't, but some might. I		11 I will visit the manufacturer. I will look at the	
12 think there are many people that would consider me an		12 manufacturing process.	
13 expert in device development and commercialization. I		13 In certain instances I'm looking at an MSDS. I	
14 believe that there are some young entrepreneurial		14 am looking at what they've done for biocompatibility	
15 doctors who would consider me an expert in regulatory		15 testing. I am looking at the physical properties of a	
16 pains as they pertain to device commercialization, and		16 material. I'm looking at the elasticity. I'm looking	
17 the same goes true for materials. I try not to hold		17 at the burst strength of the material. And this is --	
18 myself out -- but other people make that opinion, come		18 these are not things that a doctor would typically look	
19 to that opinion, am I an expert or not.		19 at as an end-user.	
20 Q. You're not a biomedical engineer, are you?		20 But if you're trying to develop a company and	
21 MR. THORNBURGH: Objection.		21 you're trying to honor your fiduciary duty to partners	
22 A. I am not a biomedical engineer.		22 in your company and also be ethical and moral in the	
23 Q. Are you a material scientist?		23 development of a product, as the president or the lead	
24 MR. THORNBURGH: Objection.		24 person you are going to go the extra mile, at least I	
25 A. Can you tell me what a material scientist is?		25 am, and so I'm looking at those documents and I'm	
	Page 123		Page 125
1 Q. Someone who has an expertise in materials, I		1 visiting the manufacturing facilities.	
2 assume, with some sort of chemistry background.		2 And so can I sit up at a chalkboard and go	
3 MR. THORNBURGH: Objection.		3 stroke for stroke about the molecular composition and	
4 A. When it comes to the evaluation of materials,		4 the hydroxyl groups and the carbon groups with a	
5 it can be approached in many different ways. As a		5 bioengineer? No, I can't. But I can also attack it	
6 physician who not only implants materials and uses		6 from an angle that he can't, taking some of those	
7 surgical products but also tries to -- has endeavors and		7 principles and talking about how we're going to safely	
8 spent much of his career commercializing and developing		8 get them into the market and also provide them in a safe	
9 products, I have an expertise in material science, but I		9 fashion to our patients.	
10 am not a material scientist.		10 Q. So I understand that, in your development of	
11 Q. What materials do you believe you have an		11 products in the medical space that you would perhaps	
12 expertise in?		12 meet with manufacturers and the like, as a partner of a	
13 A. I have a increased fund of knowledge that		13 group that's trying to commercialize products --	
14 someone would consider a level of expertise in materials		14 A. Yes.	
15 that I have used and/or tried to commercialize within my		15 Q. -- do you meet with manufacturers when you are	
16 field of endeavor.		16 an end-user of a product? Like do most physicians have	
17 Q. And what types of products have you tried to		17 the knowledge that you're claiming to have?	
18 commercialize?		18 A. They do not.	
19 A. Devices for the treatment of urinary		19 Q. How did you gain the additional knowledge that	
20 incontinence, the devices for the treatment of pelvic		20 you have with regard to the development of certain	
21 organ prolapse, devices for the treatment of overactive		21 products?	
22 bladder disease, devices for the treatment of pelvic		22 A. Sacrificing sleep in the pursuit of knowledge.	
23 pain, devices for the treatment of female sexual		23 Q. Did you have specific training?	
24 dysfunction and/or function. Well, let's leave it at		24 A. Yeah, the training is an extensive review of	
25 that for now.		25 documents that either were made available to me or that	
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<p style="text-align: right;">Page J30</p> <p>1 pathology and has the ability to look at gyn microscopy 2 with a better fund of knowledge and a better frame of 3 reference than most gynecologists.</p> <p>4 Q. Well, I understand that you're saying that you 5 may understand pathology better than most gynecologists. 6 You, sitting here today, would not call yourself a 7 pathology expert?</p> <p>8 A. I would not.</p> <p>9 Q. Do you consider yourself an expert in the 10 biomechanical testing of pelvic mesh?</p> <p>11 A. I consider myself an expert in evaluating the 12 expert evaluation of mesh.</p> <p>13 Q. Would you explain that further?</p> <p>14 A. Sure. There are scientists who are engineers 15 who have a background in testing the physical properties 16 and/or chemical properties of materials, and to most of 17 the planet their work is Chinese. I have an atypical 18 experience in reviewing their work product so I am 19 unusually familiar with and comfortable with reviewing 20 the expert's review.</p> <p>21 Q. So you're not an expert in the biomechanical 22 testing, you allow experts to do that, but you can 23 review their findings?</p> <p>24 A. Well, one of the problems is that they can't 25 review their own findings. And I don't mean to be</p>	<p style="text-align: right;">Page J32</p> <p>1 have a product in a market you have to wait two to five 2 years, or whatever the arbitrary number is, before you 3 would be able to do that?</p> <p>4 A. I don't think it's arbitrary. I think the 5 international organization for standardization has made 6 it nonarbitrary. They've determined how long things 7 should be tested. And even if they're tested that long, 8 it doesn't really mean it's safe. It means it's safe to 9 test it further. Now you've tested it in the lab or a 10 rat or a hamster or a sheep and it is not -- and those 11 standards call for more than one or two weeks' worth of 12 testing.</p> <p>13 Q. Which standards are you referring to?</p> <p>14 A. I am referring to the ISO 10993, which doesn't 15 mean that it's going to be safe when ultimately 16 implanted. But if you've done that testing, for 17 example, some components of it have to do with 18 sensitization, some of it would have to do with 19 irritation, some of it would have to do with actual 20 implant on local tissue effects and if it was a systemic 21 effect. You're just showing that you're safe in that 22 particular environment, but it doesn't mean that in the 23 real world it's going to be safe. And that's where the 24 biomaterial scientist is at an unfair disadvantage.</p> <p>25 They cannot evaluate the biomaterial properties post</p>
<p style="text-align: right;">Page J31</p> <p>1 disrespectful to them, because they're needed experts, 2 but their testing ends in the laboratory. And what 3 happens in practices and necessarily what happens in the 4 game -- hopefully the Rangers don't find that out this 5 week, playoffs, hockey playoffs, excuse me -- but your 6 practice and reality are different things.</p> <p>7 And so the first thing you -- with anything, is 8 you want to do some testing and see how something works 9 out in the lab. But then you want to look at those same 10 biomechanical properties, those material properties in 11 real use, and it -- they do not have the correlation. 12 They don't get to go to the operating theater and 13 explant hundreds of pieces of mesh and see your 14 suppositions or your conclusions that you made in the 15 laboratory when doing testing correct, and sometimes the 16 answer may be yes and sometimes it will be no.</p> <p>17 But when you explant mesh and it's brittle and 18 it cracks and it's lost all the elasticity and it's 19 deformed, it is changed. And in the initial testing 20 they may not have been able to predict that, and perhaps 21 because the initial testing wasn't even done to try to 22 predict that. Some of these things take a lot of time 23 to occur and you can't duplicate that in a laboratory in 24 one week or even a month.</p> <p>25 Q. Is it your position, then, that in order to</p>	<p style="text-align: right;">Page J33</p> <p>1 implantation.</p> <p>2 Q. Have you tested the biomaterial products post 3 implantation?</p> <p>4 A. Yes.</p> <p>5 Q. What testing have you done on the explants of 6 your patients?</p> <p>7 A. When I remove the explants I compare them to 8 the naive implants before implantation, side by side.</p> <p>9 Q. Wait, let me stop to you there so I can follow 10 along. Naive implants before, I need you to explain 11 that to me.</p> <p>12 A. This is a piece of paper before I put it under 13 the water, and then there will be a piece of paper after 14 it's been in the sink for three days. So I have --</p> <p>15 Q. I'm trying to understand how you would have a 16 duplicate of the mesh implant --</p> <p>17 A. The companies all give me their products to 18 look at. They leave samples in the office so I have 19 products that haven't been implanted.</p> <p>20 Q. Right, but I thought you tailor them to the 21 anatomy of the patient?</p> <p>22 A. I do. But even though I tailor it to the 23 anatomy of the patient, when you implant it -- for 24 example, let's just take an Avaulta Solo. Right? You 25 know you have a 1.6 by 1.4 centimeter pore size. When</p>

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1 that pore size is gone, it's obliterated. It doesn't
 2 matter what size it was to begin with. And also, I know
 3 minimal patient diameters. I don't know any patient who
 4 has a vagina this small. Which means when I put it in,
 5 it wasn't this small. Right? So when I put it in, at a
 6 minimum, excuse me, it was not the right shape but it
 7 was probably this size.

8 So it doesn't take a micrometer to know that
 9 there's been a substantial difference in the size. And
 10 when the pores are gone, it doesn't take a micrometer so
 11 you compare the naive implant to the implant you took
 12 out. When it's all wrinkled and you can't straighten it
 13 out, that doesn't have anything to do with what your
 14 size was beforehand. When it's not stretchable, it has
 15 nothing to do with what your size was beforehand. When
 16 it breaks when you pull on it, these are very discrete
 17 changes compared to the naive implant.

18 Q. Do all patients know what naive implant was
 19 implanted in them when you do the explant?

20 MR. THORNBURGH: Objection, calls for
 21 speculation.

22 A. I would say that many patients do not know, but
 23 as the explanting surgeon I often know.

24 Q. And how do you make that determination?

25 A. Operative reports and implant records.

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1 Q. Okay. All right. And what other testing have
 2 you performed other than comparing those two products,
 3 the explant versus the implant that wasn't implanted?

4 A. Can you restate the question? I know it was a
 5 pretty simple question, but I'd just like you to restate
 6 it.

7 Q. Of course. What biomechanical testing of the
 8 explanted pelvic mesh have you done?

9 A. Other than what I just told you about?

10 Q. Correct.

11 A. That's it.

12 Q. What you just told me about, I want to confirm.
 13 Was that just visual or did you also have pathology run
 14 and/or look under a microscope? Was it to the naked eye
 15 or did you take further tests?

16 A. It was to the naked eye and to my
 17 experimentation in the operating room where I would take
 18 a scalpel, I would cut through it, I would look at it, I
 19 would try to clean it of fibrous tissue so I can look at
 20 the actual material, and I would pull on it. But no,
 21 did I put it under burst strength testing in the
 22 operating room? No, I did not. So that's the extent of
 23 my evaluation of the material post explant. It is
 24 taking it out, watching it fall apart, break, snap,
 25 crumble, and then examining it on the operating table

1 Q. Can you -- can you determine from the explant
 2 itself what mesh was used in the implant?
 3 MR. THORNBURGH: Objection.

4 Q. If you didn't have an op record or if you
 5 didn't have an implant record that actually showed you
 6 the label of what it was, what I'm trying to decide or
 7 understand is whether or not you can take it from an
 8 explant?

9 A. Ms. Gleim, without having the implant record or
 10 an operative note, when this mesh comes out it is so
 11 altered, it is so shrunken, it is so brittle, it is so
 12 contracted that it's almost unrecognizable. If you read
 13 pathology reports, even pathologists sometimes, when
 14 you're reading what he's looking at microscopically, the
 15 pathologist is confused. So no, without the implant
 16 record it is -- it would certainly -- or the operative
 17 report, it would be very difficult.

18 Q. Okay. So you were explaining to me the testing
 19 that you do on the explants once you've performed an
 20 explant, and one of the things you indicated -- and I'm
 21 sorry to have interrupted but I want to understand
 22 fuller -- was that you compare the explant to the naive
 23 implant?

24 A. Just call it the one that hasn't been
 25 implanted.

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1 thereafter which often would involve dissecting it.

2 Q. Do you have any pictures before and after
 3 bisection of these pieces of explants that you tested?

4 A. I do not, but I can certainly start taking
 5 them. I just took one the other day and I thought to
 6 myself, maybe for you guys I should start taking
 7 pictures. So I can definitely get that for you guys in
 8 the future.

9 Q. How do you record your testing analysis of
 10 explant material after you've done a explant operation
 11 and put it on the operating table to dissect it? How do
 12 you then take your notes on what you've seen?

13 MR. THORNBURGH: Objection.

14 A. I do not typically take notes on that other
 15 than growing my own personal knowledge of the material.
 16 I believe just recently, hoping that one way I will be
 17 able to go back and provide or write something, write a
 18 nice article about this, I've started to include some of
 19 it in my -- in the slip that goes to the pathology
 20 department and occasionally in my dictation.

21 Q. Okay. So to make sure I understood that, after
 22 you have explanted material and you look at it with a
 23 naked eye and use your scalpel to dissect it, you then
 24 either dictate your findings or you include your
 25 findings on the --

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<p>1 here if I wasn't an expert user with an expert opinion.</p> <p>2 And so if you're going to ask me about my own personal</p> <p>3 experience with slings, then we're going to spend some</p> <p>4 time today talking about the medical literature and the</p> <p>5 scientific literature on slings and polypropylene mesh</p> <p>6 as it relates to slings.</p> <p>7 And so we've -- I feel like I need to be very</p> <p>8 careful about providing a one sound bite without a frame</p> <p>9 of reference, and I know that's not going to happen</p> <p>10 today when we talk about polypropylene mesh because</p> <p>11 that's what we're here for. And so that's why I'm</p> <p>12 saying why don't we just both agree not to start</p> <p>13 swinging about slings and talk about polypropylene mesh.</p> <p>14 Q. I will agree that you've been put forth as an</p> <p>15 expert on Avaulta and we will try to limit it to that</p> <p>16 unless you need to clarify your answer. I don't want</p> <p>17 anyone to say that I have kept you from clarifying your</p> <p>18 answer, and as long as we're clear on that, we can move</p> <p>19 forward.</p> <p>20 Okay. So I understand that you were</p> <p>21 considering partnering with BMS Rhode Island to create</p> <p>22 mesh products that were -- consisted of polypropylene</p> <p>23 mesh; is that correct?</p> <p>24 A. Yes.</p> <p>25 Q. And the mesh products were going to be</p>	<p>Page 146</p> <p>1 my engineer.</p> <p>2 MR. THORNBURGH: I've got to use the</p> <p>3 restroom.</p> <p>4 MS. GLEIM: Let's take a short break.</p> <p>5 THE VIDEOGRAPHER: Going off the video record</p> <p>6 at 2 o'clock p.m.</p> <p>7 (Recess taken.)</p> <p>8 THE VIDEOGRAPHER: We are back on the video</p> <p>9 record at 3:22 p.m. This is the Disc 3.</p> <p>10 Q. Good afternoon, Dr. Zipper.</p> <p>11 A. Good afternoon.</p> <p>12 Q. Before we left we were discussing the fact that</p> <p>13 you had been to Bard's facilities and possibly saw</p> <p>14 laboratory testing at the facility?</p> <p>15 A. Actually, we're going to have to go back and</p> <p>16 read today's transcription. I do not believe that's</p> <p>17 what I said.</p> <p>18 Q. I'm sorry if I misstated it. Did you say that</p> <p>19 you thought that you had perhaps seen laboratory</p> <p>20 testing?</p> <p>21 A. I said that it is possible, and I might have</p> <p>22 said probable or possible, but I was recollecting that I</p> <p>23 had been to a cadaver lab conducted by Bard where I</p> <p>24 believe they were demonstrating properties of their</p> <p>25 product line.</p>
<p>Page 147</p> <p>1 implanted transvaginally?</p> <p>2 A. Yes.</p> <p>3 Q. What was the method of implementation?</p> <p>4 A. Yes.</p> <p>5 You mentioned we can keep on doing that.</p> <p>6 The method of implantation was to be for (the</p> <p>7 incontinence) for the incontinence would be needle</p> <p>8 based, and then for the prolapse mesh would have been</p> <p>9 direct visualization. It would have been self-tailored.</p> <p>10 And we were also considering alternative fixation</p> <p>11 techniques. We were working on things that we called</p> <p>12 STAs, soft tissue anchors, and we just started</p> <p>13 prototyping some STAs and designing different STAs.</p> <p>14 Q. Why is it that you didn't move forward with</p> <p>15 that partnership?</p> <p>16 A. As I was going forward and developing that --</p> <p>17 once again this is -- it's a bit fuzzy. It's been a</p> <p>18 long time. But I believe that's when I got -- I began</p> <p>19 doing my work with Mpathy, which required easily 40</p> <p>20 hours a week for well over a year, maybe a year and a</p> <p>21 half, two years, and so I just had to choose what I felt</p> <p>22 was better for my career at that time.</p> <p>23 And when I partnered with Mpathy, my</p> <p>24 infrastructure grew immediately, and they had some</p> <p>25 infrastructure. It wasn't just me by myself anymore and</p>	<p>Page 149</p> <p>1 Q. Thank you for the clarification. Have you</p> <p>2 personally ever conducted any laboratory testing on any</p> <p>3 of the Avaulta products?</p> <p>4 MR. THORNBURGH: Objection.</p> <p>5 A. I have not.</p> <p>6 THE WITNESS: Sorry, Dan.</p> <p>7 Q. Have you ever performed a study on the</p> <p>8 degradation characteristics of mesh?</p> <p>9 MR. THORNBURGH: Objection.</p> <p>10 A. No, I have reviewed the medical and scientific</p> <p>11 literature and degradation and carved that in with my</p> <p>12 clinical findings in the operating theater.</p> <p>13 Q. But you never put pen to paper and performed a</p> <p>14 study or done an article on that?</p> <p>15 MR. THORNBURGH: Objection.</p> <p>16 A. I have not.</p> <p>17 Q. Have you ever performed a study on the</p> <p>18 contraction or shrinkage rate of mesh?</p> <p>19 MR. THORNBURGH: Objection.</p> <p>20 A. No, but I have studied the contraction and</p> <p>21 shrinkage of mesh.</p> <p>22 Q. And you studied that through articles?</p> <p>23 A. I have studied that through a review of the</p> <p>24 scientific literature, medical literature, and I have</p> <p>25 done my own investigation by evaluating the changes</p>

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<p>1 taking place in the products that I implant versus the 2 products that I explant.</p> <p>3 Q. The changes that you've noticed yourself in 4 your clinical practice, do you have any notes or any 5 information that you can provide to us besides the fact 6 that you've taken mental notes?</p> <p>7 A. Well, my expert opinion is based on that so my 8 -- those thoughts and opinions are reduced to writing in 9 my expert report, which we have in front of me as 10 Exhibit 1, and those findings are consistent with what I 11 have found throughout the medical and scientific 12 literature. I am seeing what has been described.</p> <p>13 Q. Have you ever performed a study on the tensile 14 strength of mesh?</p> <p>15 MR. THORNBURGH: Objection.</p> <p>16 A. I have studied the tensile strength of mesh, 17 but I have not performed a study on the tensile strength 18 of mesh.</p> <p>19 Q. Have you ever performed a study on the 20 flexibility of mesh either before or after it's 21 implanted?</p> <p>22 MR. THORNBURGH: Objection.</p> <p>23 A. And when you asked me if I performed a study, 24 if you're asking me if I've statistically analyzed data 25 and published it, no. But I have studied those</p>	<p>1 A. Yes, I mean --</p> <p>2 MR. THORNBURGH: Objection. Go ahead.</p> <p>3 A. We'd have to go through, try to dig deep into 4 Mpathy and Gyne Ideas' records, but what my engineer and 5 I were doing as we were developing products both for 6 Gyne Ideas and Mpathy to bring to the U.S. market, and 7 hopefully one day get an exit, which happened, and also 8 to develop our own products is we would compare those 9 type of characteristics -- we would compare those 10 characteristics of existing products with samples of 11 mesh that we were looking at and so we would look at 12 elasticity, tensile strength, and burst.</p> <p>13 Q. And you did those studies in conjunction with 14 your development of mesh with --</p> <p>15 A. Yes, with the development of mesh products for 16 commercialization.</p> <p>17 Q. Right. I guess what I was trying to -- to try 18 to confine it to the time period in which you were doing 19 it for the Scottish companies.</p> <p>20 A. Well, we've already --</p> <p>21 MR. THORNBURGH: Objection.</p> <p>22 A. -- talked about that throughout today and that 23 we can probably figure it out by looking through all the 24 documents when it started and when it ended, but the 25 ballpark figures I've given throughout the day remain</p>
<p>1 properties both through a review of the literature and 2 through an examination of the material before implanted 3 and after implanted, and I've also studied those 4 properties in mesh that I was considering 5 commercializing.</p> <p>6 Q. Other than the review of the literature and 7 your clinical experience, you've not taken any steps 8 actually to perform a study yourself? I just want to 9 confirm that.</p> <p>10 MR. THORNBURGH: Objection.</p> <p>11 A. When you say perform a study -- and correct me 12 if I'm wrong, please. I know you will. I don't have to 13 say that. I -- my interpretation of that is you're 14 wanting to know if I performed a statistical analysis or 15 hired somebody to perform statistical analysis on data 16 that I collected with regard to that specific quality 17 and then published it, and I did not. However, I have 18 studied those qualities.</p> <p>19 Q. I understand that. I just want to make sure 20 that we aren't missing each other on this, that there's 21 not something in between you studying it and a published 22 article, if there's anything else where you've done a 23 brochure or you have your website, anywhere that you 24 have discussed or provided your feedback or your 25 analysis.</p>	<p>1 the same. I can't really give you a one-year period.</p> <p>2 Q. No, and maybe I misspoke so I will try that 3 again. You were just talking about how when you were 4 preparing to manufacture or to promote product --</p> <p>5 A. Between 2007 and 2011 would be a good frame.</p> <p>6 Q. Was it just for that one entity Mpathy, or were 7 you doing it for other manufacturers as well?</p> <p>8 A. I was doing it for myself and products I was 9 considering commercializing on my own.</p> <p>10 Q. Besides the Mpathy?</p> <p>11 A. Yes.</p> <p>12 Q. You're not an epidemiologist, are you?</p> <p>13 MR. THORNBURGH: Objection.</p> <p>14 A. I am not an epidemiologist.</p> <p>15 Q. And are you a microbiologist?</p> <p>16 MR. THORNBURGH: Objection.</p> <p>17 A. I am not a microbiologist.</p> <p>18 Q. Are you a bacteriologist? That's a mouthful.</p> <p>19 A. You know I'm a bacteriologist.</p> <p>20 No, I am not a bacteriologist.</p> <p>21 Q. I'm sorry. It will just be quicker if I go 22 through the series of questions and then we can 23 continue. You're not a --</p> <p>24 A. Is that actually a specialty, a bacteriologist?</p> <p>25 Q. I think anyone can be a specialist now.</p>